

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>				
NAME (Last)		(First)	(Middle)	TELEPHONE
Chikamoto		Oren	T.	(808) 531-1500
MAILING ADDRESS (Street)				FAX (808) 531-1600
1001 Bishop Street, Suite 1750				EMAIL <a href="mailto:otc@chikamolaw.com">otc@chikamolaw.com</a>
(City)		(State)		(Zip Code)
Honolulu		Hawaii		96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
Law Offices of Oren T. Chikamoto, A Limited Liability Law Company				(808) 531-1500
MAILING ADDRESS (Street)				FAX (808) 531-1600
1001 Bishop Street, Suite 1750				EMAIL <a href="mailto:otc@chikamolaw.com">otc@chikamolaw.com</a>
(City)		(State)		(Zip Code)
Honolulu		Hawaii		96813

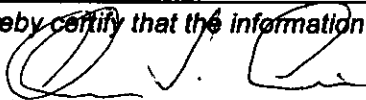
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Council of Life Insurers			(202) 624-2385
MAILING ADDRESS (Street)			FAX (866) 953-4114
101 Constitution Avenue, 7th Floor			EMAIL <a href="http://www.acli.com">www.acli.com</a>
(City)		(State)	(Zip Code)
Washington		District of Columbia	2001-2133
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joann Waiters, Esq.			(202) 624-2385 2177 JW
MAILING ADDRESS (Street)			FAX (866) 953-4114
101 Constitution Avenue, 7th Floor			EMAIL <a href="mailto:joannwaiters@acli.com">joannwaiters@acli.com</a>
(City)		(State)	(Zip Code)
Washington		District of Columbia	2001-2133

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                                 | <input checked="" type="checkbox"/> Human Services                          | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                                  |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                               |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        |  |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



(Signature of Lobbyist)

1/28/13

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Joann Waiters, Esq.

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Senior Counsel, State Relations

NAME OF ORGANIZATION (if applicable)

American Council of Life Insurers

TELEPHONE

(202) 624-2386 2177 JW

MAILING ADDRESS (Street)

101 Constitution Avenue, 7th Floor

FAX (866) 953-4114

EMAIL

joannwaiters@acli.com

(City)

Washington


(State)

District of Columbia

(Zip Code)

2001-2133

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



(Signature of Authorizing Officer or Person Represented)

Jan. 14, 2013

(Date)